

WORKING TO MAKE A DIFFERENCE - (Revised Oct 28, 2009)

Fee Item	Description	Effective Date Apr.1 2009	Processing rules
19701	Burn / Soft Tissue Injury	\$ 238.00	
19795	C.T. Scan	\$ 677.00	May bill if the patient is not a registered inpatient at time of service
19747	Cast Clinic for Cast Applications/Changes/Removal only	\$ 238.00	Cannot be billed with same day services list below
19787	Chemotherapy	\$ 1,111.00	
19892	Chronic Wound Care - Clinic Visit	\$ 238.00	Restricted to Contracted Providers
19749	Compression Garments	\$0 to \$500.00	Actual Cost (if >\$500 must be pre-authorized and billed manually)
19748	Custom Braces / Splints / Generation II	\$0 to \$500.00	Actual Cost (if >\$500 must be pre-authorized and billed manually)
19957	Daycare Surgery	\$ 1,000.00	
19745	Dressing Changes	\$ 238.00	Cannot be billed with same day services list below
19921	Emergency Visit	\$ 238.00	Cannot be billed with same day services list below
19958	Fibreglass Cast	\$0 to \$150.00	Actual Cost
19786	Haemodialysis	\$ 473.00	
19893	Home IV Therapy Visit	\$ 42.50	Restricted to Contracted Providers
19792	Hyperbaric Oxygen Therapy	\$ 1,000.00	Cannot be billed with same day services list below
19574	ICU Per Diem	varies	Use appropriate rate as per Interprovincial Reciprocal Billing Rates
19961	Inpatient Per Diem	varies	Use appropriate rate as per Interprovincial Reciprocal Billing Rates
19954	IV - 1st, 2nd & 3rd visits	\$ 238.00	If 1st IV visit includes Emergency, use Emergency visit fee item
19894	IV Therapy Clinic Visit	\$ 238.00	Restricted to Contracted Providers
19960	Long Term Ward Rate	\$ 254.00	
19742	Medical Imaging - 2nd Opinion	\$ 200.00	Requires physician referral & WCB authorization
19794	MRA (Magnetic Resonance Angiogram)	\$ 662.00	May bill if the patient is not a registered inpatient at time of service
19793	MRI (Magnetic Resonance Imaging)	\$ 662.00	May bill if the patient is not a registered inpatient at time of service
19797	Multidisciplinary Outpatient Visit	\$ 238.00	Cannot be billed with Same Day Services list below except if service provided by another facility
19743	Nerve / Epidural Block	\$ 238.00	Cannot be billed with same day services list below
19796	Occupational Therapy	\$ 18.50	
19788	Orthotics	\$0 to \$500.00	Actual Cost (if >\$500 must be pre-authorized and billed manually)
19741	Preferred Accommodation (Private or semi-private)	\$ 145.00	May bill following Board Officer approval
19789	Prosthetics	\$0 to \$1,500.00	Actual Cost (if >\$1,500 must be pre-authorized and billed manually)
19791	Radiotherapy Services	\$ 295.00	
19790	Referred In Laboratory Specimens	\$ 44.00	Specimens brought/sent in for lab test without patient admission
19746	Sterile Environment	\$ 238.00	Cannot be billed with same day services list below
19744	Take-Away Items from Hospital	\$0 to \$200.00	Also known as supplies - based on actual cost
	Physio Fee Items: use the Physiotherapy contract to obtain fees in Schedule B		
	Same Day Services: Emergency Visit (same facility), Day Care Surgery, IV Therapy (1st visit), Outpatient Visit, Labs, X-rays, Hyperbaric Oxygen Therapy, Bone Scan, Nerve / Epidural Block, Dressing Changes		
	For Orthopaedic service provided by Salaried Physicians: use the BCMA guide to fees		